

MEDIA SPECIFICATIONS HOMEOWNERS' EXEMPTION CLAIM RECORDS



STATE OF CALIFORNIA
BOARD OF EQUALIZATION
www.boe.ca.gov

This form must be completed and included with all media submitted for processing. Submit the form and media to:

*Board of Equalization
County-Assessed Properties Division
Homeowners' Exemption Coordinator
PO Box 942879 MIC: 64
Sacramento, CA 94279-0064*

COUNTY		DATE SUBMITTED	
MAILING ADDRESS (STREET ADDRESS OR PO BOX)		CITY	STATE ZIP
CONTACT PERSON	TELEPHONE ()	E-MAIL ADDRESS	

MEDIA REQUIREMENTS

CARTRIDGE SPECIFICATIONS

BLOCK SIZE	RECORD LENGTH	RECORD COUNT	FILE NAME
LABELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FILE TYPE <input type="checkbox"/> ASCII <input type="checkbox"/> EBCDIC	EXEMPTION TYPE <input type="checkbox"/> HOMEOWNERS' <input type="checkbox"/> DISABLED VETERANS'	

CD SPECIFICATIONS

RECORD LENGTH	RECORD COUNT	FILE NAME
FILE TYPE <input type="checkbox"/> ASCII <input type="checkbox"/> OTHER	EXEMPTION TYPE <input type="checkbox"/> HOMEOWNERS' <input type="checkbox"/> DISABLED VETERANS'	

DISKETTE SPECIFICATIONS: 3.5", 1.44 MB, MS/DOS Format, ASCII Character Code.

RECORD LENGTH	RECORD COUNT	FILE NAME
FILE TYPE <input type="checkbox"/> ASCII	EXEMPTION TYPE <input type="checkbox"/> HOMEOWNERS' <input type="checkbox"/> DISABLED VETERANS'	

Should you have any questions, please contact:

*Board of Equalization
County-Assessed Properties Division
PO Box 942879 MIC: 64
Sacramento, CA 94279-0064
Telephone 916-322-1840
Fax 916-327-8765*